

CLAIMS ONLY						Application Number 101785021		Filing Date			
						Applicant(s)					
						* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend
1							51				
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48							98				
49							99				
50							100				
Total Indep							Total Indep				
Total Depend	3						Total Depend				
Total Claims	4						Total Claims				

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
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Total Indep.	1					
Total Depend.	3					
Total Claims	4					

may be used for additional claims or amendments

	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
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Total Indep.						
Total Depend.						
Total Claims						